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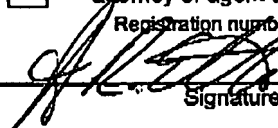
AUG 24 2007

PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |  | <b>Docket Number (Optional)</b><br>05500-00154-US                    |   |
| <b>Application Number</b> 10/665,460-Conf. #6831   |  | <b>Filed</b> September 19, 2003                                      |   |
| <b>For</b> PEPSIN-SENSITIVE MODIFIED BACILLUS THURINGIENSIS INSECTICIDAL TOXIN   |  |  |   |
| <b>Art Unit</b> 1654   |  | <b>Examiner</b> B. D. Chism  |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |  |  |   |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))<br><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))<br><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))<br><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | <b>Fee</b><br>\$120<br>\$450<br>\$1020<br>\$1590<br>\$2160 | <b>Small Entity Fee</b><br>\$80<br>\$225<br>\$510<br>\$795<br>\$1080 | \$ _____<br>\$ _____<br>\$ 1,020.00<br>\$ _____<br>\$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |  |  |   |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |  |  |   |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |  |  |   |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |  |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2775</u> . I have enclosed a duplicate copy of this sheet.  |  |  |   |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,516</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____ |  |  |   |
| <br>Signature   |  | <u>Aug 24, 2007</u><br>Date  |   |
| Aaron R. Ettelman<br>Typed or printed name   |  | (302) 658-9141<br>Telephone Number                                   |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |  |  |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |  |  |   |

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